MEDICAID PROVIDER REMITTANCE ADVICE (RA)

HOW TO USE THE REPORT:

VIEW RA TO VERIFY PAYMENT TO KSBA

LOOK FOR ERRORS IN BILLING (UNITS)

REVIEW DENIED CLAIMS FOR ERRORS

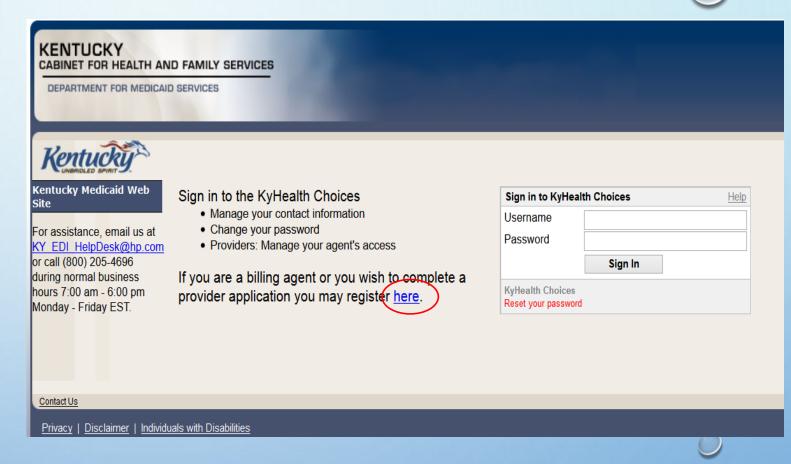
Login For The Kentucky Medicaid Website

You will need a login and password for the KyHealth Choices website.

If you do not have a have a login click on the link to register or call the 800 phone number to verify if someone was previously registered for your district.

You will be required to change your password every 30 days.

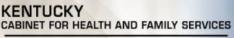
• https://sso.kymmis.co



KYHealthNet

Once logged in you have two options to choose from.

Account Management and
KYHealthNet. Under Account
Management you will be able to
change your password or update
your information. The KYHealthNet
tab will be used to access Eligibility
Verification; Claims Submission and
Inquiry; and to access the RA
viewer.



DEPARTMENT FOR MEDICAID SERVICES

KyHealth Choices Home

Sign Out

, Welcome to KyHealth Choices

Applications									
Application	Description								
Account Management	Manages contact information, password, and authorizations for applications.								
<u>KYHealthNet</u>	Eligibility Verification, Claims submission and inquiry, Presumptive Eligibility, RA Viewer.								

Messages									
Date	Message								
06/30/2014	Providers you will notice a new hyperlink named The Magellan Web Portal. This is a link will redirect the user to Magellan Medicaid Administration-MMA provider web portal applications. This link will ONLY work for Pharmacies and prescribers. Other providers should simply ignore this link. The Magellan Web Portal allows pharmacists and prescribers online access to drug coverage information, member claims history, Web PA, Web RA and Web Claims submission. Pharmacies and prescribers that have questions regarding Magellan Medicaid Administration-MMA provider web portal applications, please contact the Pharmacy Support Center at 1-800-432-7005 (24 hours per day / 7 days per week).								
06/06/2014	Please visit our website at http://www.chfs.ky.gov/dms/provEnr/Revalidation.htm for details regarding the revalidation process. Revalidation is an Affordable Care Act mandate in which providers are required to undergo every 5 years. The revalidation process is currently being required.								
04/25/2014	When using KYHealthNet with Internet Explorer 10 or 11, please use the compatibility mode option. If you need directions on how to use the compatibility mode option please email ky_edi_helpdesk@hp.com or call the KY EDI Help Desk at 1-800-205-4696.								
04/14/2014	*** Notice *** The Department for Medicaid Services in conjunction with HP, recently mailed a provider letter regarding ICD-10 readiness. DMS is aware of the delay of ICD-10 compliance to at least October 1, 2015, and will continue to work								

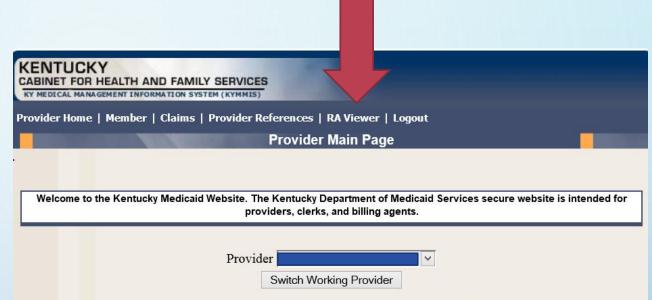
Account Management Tab

Passwords must be changed every 30 days. You will receive email reminders to login and change your password. Please note that all passwords must have a length of 8 characters; contain at least one number; and contain both lower and uppercase letters



RA Viewer

Once you click on
KyHealthNet it
will take you to
the Provider Main
Page.
Click on RA
Viewer.



- Claim Inquiry
- Eligibility Verification

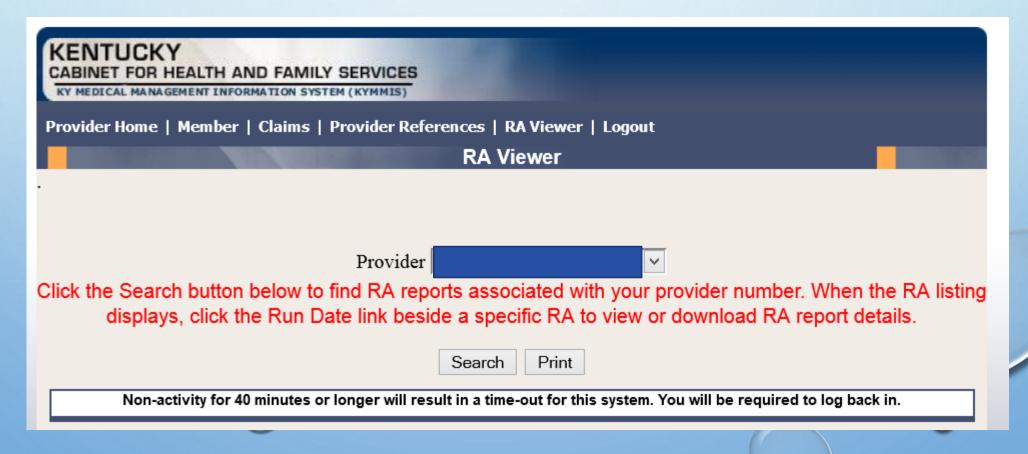


Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Would you like to start receiving paper PA Letters also? Yes!

Last Updated:6/26/2014

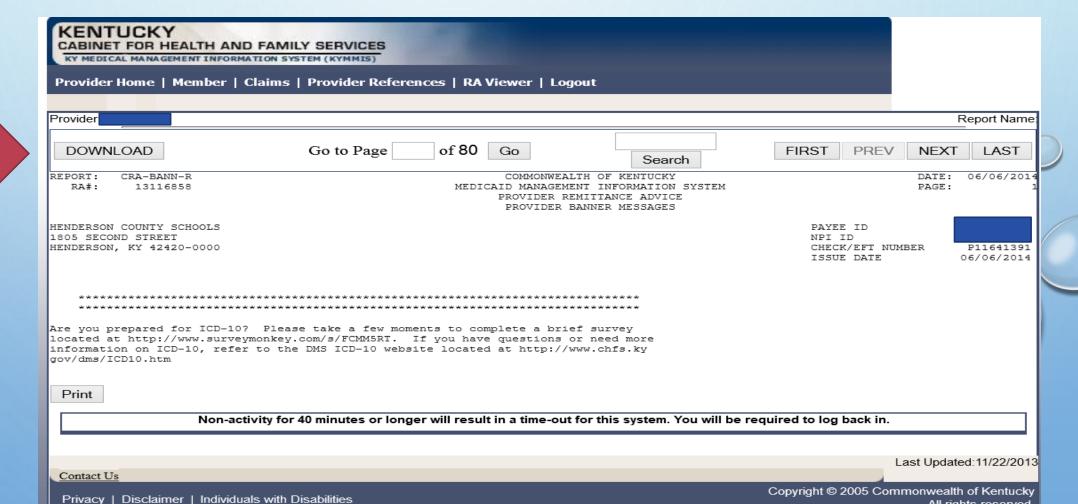
When the RA viewer page displays you will search your provider number for any existing reports.



The search for RA reports will display a page showing your RA listings. Click on a date under Run Date to access the report details.

CABINET FOR HEALTH AND FAMILY SERVICES KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)											
Provider Home Member Claims Provider References RA Viewer Logout											
RA Viewer											
Provider	~										
Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details.											
Report Name	Provider Number	Run Date	Load Date								
07/11/2014 - RA - Payee ID: - RA #: 13148510 - NPI: - SEQ: FOR I		7-11-2014	7-12-2014	0							
07/04/2014 - RA - Payee ID: RA #: 13142357 - NPI:											
SEQ:		<u>7-4-2014</u>	7-5-2014								
·		<u>7-4-2014</u> <u>6-27-2014</u>									
	Provider Home Member Claims Provider References RA Viewer Logou RA Viewer Provider Provider Click the Search button below to find RA reports associated with your displays, click the Run Date link beside a specific RA to view Report Name 07/11/2014 - RA - Payee ID: - RA #: 13148510 - NPI: - SEQ: FOR I	Provider Provider Name Provider Number 07/11/2014 - RA - Payee ID: SEQ: FOR I	Provider RA Viewer Logout RA Viewer RA Viewer Logout Logo	Provider Provider Provider Provider References RA Viewer Logout RA Viewer Logout RA Viewer Provider P	Provider Provider Provider Click the Search button below to find RA reports associated with your provider number. When the RA listing displays, click the Run Date link beside a specific RA to view or download RA report details. Report Name Provider Run Date O7/11/2014 - RA - Payee ID: SEQ: FOR I Provider Number 7-11-2014 7-12-2014						

When the RA date opens it will display a report page. Click on download to save the file in PDF format.



Print the next to last page showing payment detail to use for verification on the billing invoice from KSBA.

PORT: CRA-SUMM-R COMMONWEALTH OF KENTUCKY DATE: 01/31/2014
RA#: 13001386 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 259
FROVIDER REMITTANCE ADVICE
SUMMARY



	CLAIMS	DATA		
CURRENT	MONTH-TD	MCNTH-TD	YEAR-TD	YEAR-TD
AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
15,484.36	507	15,484.36	507	15,484.36
a.bo	0	0.00	0	0.00
0.00	0	0.00	0	0.00
	507	15,484.36	507	15,484.36
	94		94	
	Е.	RNINGS DATA		
15,484.36		15,484.36		15,484.36
0.00		0.00		0.00
(a.bo)		(0.00)		(0.00)
(a.Do)		(0.00)		(0.00)
(0.00)		(0.00)		(0.00)
15,484.36		15,484.36		15,484.36
(0.00)		(0.00)		(O.OD)
(0.00)		(0.00)		(0.00)
0.00		0.00		0.00
(0.00)		(0.00)		(0.00)
	CURRENT AMOUNT 15,484.36 0.00 0.00 15,484.36 0.00 (0.00) (0.00) (0.00) 15,484.36 (0.00) (0.00)	CURRENT MONTH-TD AMOUNT NUMBER 15,484.36 507 0.00 0 0.00 0 15,484.36 507 94	CURRENT MONTH-TD MCNTH-TD AMOUNT NUMBER AMOUNT 15,484.36 507 15,484.36 0.00 0 0.00 15,484.36 507 15,484.36 94	AMOUNT NUMBER AMOUNT NUMBER 15,484.36 507 15,484.36 507 0.00 0 0.00 0 15,484.36 507 15,484.36 507 94 94

Keeping a PDF file on all payments allows you to look over the units billed for errors and review denied claims. This also allows you to go back and print the exact page showing units billed and payment detail to attach to any possible Medicaid Audits you may endure.

ORT: CRA-PRPD-R COMMONWEALTH OF KENTUCKY DATE: 01/31/2014

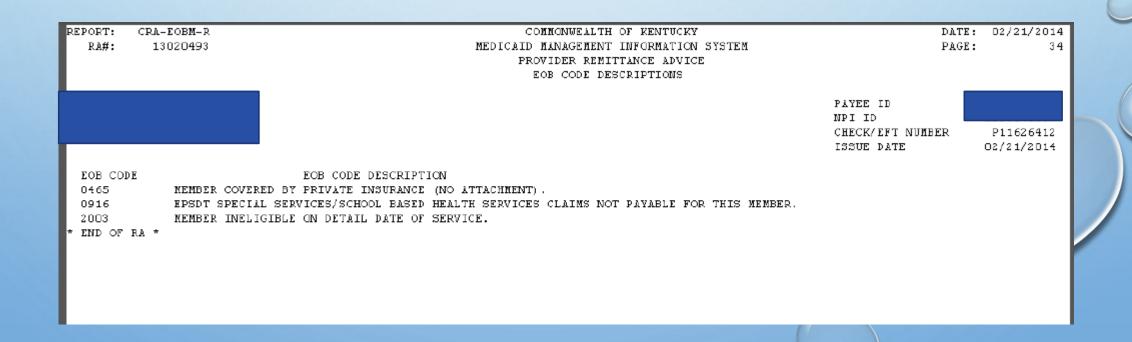
PA#: 13001386 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 257

FROVIDER REMITTANCE ADVICE

CMC 1000 CLAIMS DATE

1	CMS 150D CLAIMS FAID													
													PAYEE ID NPI ID CHECK/EFT NU ISSUE DATE	MBER P11623544 01/31/2014
	ICN PATIE	NT NUN	BER	SERVICE Fron	DATE:		j	HOUNT		LLOUED AMOUNT	TFL AMOUNT	SPENDDOWN AMOUNT	CO-PAY ANOUNT	FAID AMOUNT
				120513	010914	1	FII	MBER ID. 99.50	1	95.00	0.00	0.00	0.00	66.35
	N PL SERV 0001 03 NDC:	PROC CI 99199	gn GN	ERS	UNITS 2.00	SERVICE FROM D10914	THRU	RENDE PROV 2105	IDER		BILLED AMOUNT 19.90	ALLOWED AMOUNT 19.00	DETAIL EOBS 9918	
k		99199	GN		4.00	D10214	010214	2105	1016		39.80	38.00	9918	
	0003 03 NDC:	99199	GN		2.00	121213	121213	2105	1016		19.90	19.00	9918	
	0004 03 NDC:	99199	GN		2.00	120513	120513	2105	1D16		19.90	19.00	9918	
			Total:		10.00						99.50	95.00		
1	MEMBER NAME:			120213	120213)	MI	MBER ID. 21.62	:	6.33	0.00	0.00	0.00	4.42
	N PL SERV 0001 03 NDC:	PROC CI 92508	d Modifi GN	IERS	UNITS 2.00	SERVICE FROM 120213	THRU	RENDE PROV 2105			BILLED AMOUNT 21.62	ALLOWED AMOUNT 6.33	DETAIL EOBS 9939	
			Total:		2.00						21.62	6.33		
1	MEMBER NAME:			121613	121613	3		MBER ID. 13.75			0.00		0.00	
	IN PL SERV 0001 03 NDC:	PROC CI 99199	D M ODIFI GP	ERS	UNITS 1.00	SERVICE FROM 121613	THRU	RENDE PROV 2105	IDER	9.55	BILLED AMOUNT 13.75	0.00 ALLOWED AMOUNT 9.55	DETAIL EOBS 9918	6.67
		500 CL	Total: AIMS PAI	ID:	1.00	507	52,9	19.37	21,	951.40	13.75 0.00	9.55 0.00	0.00	15,484.36

The last page of the RA report will list any EOB codes and descriptions for denied claims.



If you have any questions, please feel free to contact me. Thank you, Charlotte Baumgartner Henderson County Schools charlotte.baumgartner@henderson.kyschools.us